

STATE OF MONTANA
OFFICE OF THE STATE PUBLIC DEFENDER
MISCELLANEOUS CLAIM FOR SERVICES
APPELLATE CASES

Name of Claimant

Vendor ID #

Services Provided:

- ☐ Investigator
☐ Expert Witness
☐ Transcripts/Depositions
☐ Research
☐ Mediator
☐ Other (Please Specify) _____

Claimant must attach an itemized invoice to this summary form. The invoice must detail services by assigned OPD client number and document dates, time spent, rate of pay, and a description of the activity. Attach a copy of the pre-approval notice for any pre-approved costs. OPD client numbers are assigned by the Appellate Office. Separate summary forms must be prepared for non-appellate cases. The attorney requesting your services can direct you to the appropriate form. All travel expenses reported on this claim are to be detailed on a travel expense voucher form by case number and attached to this claim form. Claimant must submit a monthly claim by the 10th of the month following the month in which costs were incurred. **Submit this claim to the Office of the Appellate Defender, P.O. Box 200145, Helena MT 59620-0145. Please mail the original. We cannot accept faxes.**

Month/Year _____

Client Name	Assigned OPD Client #	Attorney's Name	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS			-	-	-

The undersigned claimant certifies that the cases listed, expenses claimed and the times reported are true and accurate.

Claimant's Signature/Date of Submission

Appellate Defender's Approval/Date of Approval

Signatures above certify that all costs in excess of \$200 have been pre-approved.

OPD 011607MCA